

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth - -	Plan Type (Check One) <input type="checkbox"/> School <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Judges <input type="checkbox"/> Patrol
Social Security Number - -	Retirement Number		
Address City State Zip			
Home Phone	Work Phone	Employer	

Direct Deposit☐ **Authorization for New Direct Deposit or Change in Account**

I authorize the Nebraska Public Employees Retirement System to initiate direct deposit entries to my checking/savings account at the Financial Institution indicated below.

This direct deposit account will be established or changed as soon as possible, and you will receive confirmation of the change. Your first payment following this change will be in the form of a check, as your financial institution will be receiving your direct deposit information in a prenotification process to insure the accuracy of the account numbers. If no discrepancies are found, the next payment will be deposited to your authorized account. **This form must include your signature.**

Please complete the information below regarding your selected Financial Institution. If you prefer, you may attach a voided check or copy of your check in lieu of completing the box below. The Routing Number is the 9 digit number in the left corner of the check and your account number follows. (See diagram below) Usually, the check number is encoded after the account number, and does not need to be included. If you have questions regarding the numbers to enter below, you may want to contact your financial institution.

John Doe 123 Main Street Anytown, NE 60000		Date _____ 999
Pay to the Order of _____ \$ _____		
_____ Dollars		
:100000006: 11511 511 5115: 999		

Routing Number
9 digits

Account Number
6-12 digits

Check
Number

FINANCIAL INSTITUTION																		
Name										Routing Number								
City										State		Zip						
Account No.																<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

This authorization is to remain in effect until the Nebraska Public Employees Retirement System receives notice of cancellation.

☐ **Cancellation**

Please cancel the authorization for the Nebraska Public Employees Retirement System to originate direct deposit entries to my checking/savings account, effective on: ____/____/____.

This notice of cancellation must be received at least 30 days prior to cancellation.

A SIGNATURE IS REQUIRED FOR AUTHORIZATION OR CANCELLATION

Signature of Member

Date

BAR CODE